

Louisiana MIG Project MPP/Medicare Prescription Drug Enrollment Initiatives Call Scripts

October Call Script

Hi, this is [REDACTED]. I'm calling from the Medicaid office in [REDACTED] on behalf of the Medicaid Purchase Plan for workers with disabilities.

I'm calling about the new way your medicines will be paid for. Medicaid has been covering your prescriptions, but starting in January Medicare will be paying. You may have already received a letter from the Centers for Medicare and Medicaid Services and information from us about these changes.

We want to be sure you have some basic information about the changes that will be happening and about resources that can help you. Do you have a few minutes for me to give you an overview of the changes?

Because you receive Medicaid, you will automatically be enrolled in a Medicare Prescription Drug Plan. This month you will be sent a letter to let you know what plan you will be enrolled in. The new drug plans will be provided by private companies. There will be 16 drug plans offered in Louisiana. Some of them may have premium costs that will not be fully covered for you by Medicaid. Each drug plan will let you know which drugs it will cover and the pharmacies you can use. Information on these plans will be also included in the **Medicare & You Handbook** you will receive later this month. It is important to know what prescription drugs you are currently taking and if these will be covered by the new plan. If you want to be in another plan, you can switch plans starting November 15.

You have a choice in your prescription drug coverage. You may want to talk with your doctor or pharmacist to figure out which drug plan is best for you. We will send you a Comparison Guide to help you get the information you need to make your decision about the new drug plans. You may also contact Louisiana's Insurance Department (SHIP) at 1-800-259-5301 or Medicare at 1-800-633-4227 for information about the change in your prescription coverage.

We will be in your area on November/December [REDACTED] to help you compare plans and to sign up for the plan you choose. We will provide lunch/dinner for you and a guest at:

?????? Restaurant
123 ABC Blvd.
Anytown, La.

Our event will start at 11 a.m./ 5 p.m.

May we count on you to join us? ☐ Yes ☐ No

If yes, how many people will be in your party? _____

Will you and/or your guest(s) need any special accommodations? ☐ Yes ☐ No

If yes, what are they? _____

If no, would you like our help to compare plans by phone or at our local Medicaid office? ☐ Yes ☐ No

We will send you the Comparison Guide and information about our lunch/dinner in the mail. May I verify the address information we have for you in our records to make sure you get this information? ☐ Yes ☐ No (Read address information from Excel spreadsheet and make any necessary corrections)

Do you have any questions? ☐ Yes ☐ No (If yes, La. Talking Points previously approved by CMS and used by Hotline staff will be utilized for Q & A.)